FORM D

SEC 1972 (6-02)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION



06029024	

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Series A-1 Preferred Stock Offering Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE
Type of Filing: New Filing Amendment	GEOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Evolutionary Technologies International, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code) To	elephone Number (Including Area Code)
	-383-3000
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Same Brief Description of Business	PPA
Data integration management solutions	PROCESSED
Sala Mogration Management Soldstone	MAD
Type of Business Organization Corporation limited partnership, already formed other (please	specify): E THOMSON, FINANCIAL
business trust limited partnership, to be formed	FINANCE
Month Year Actual or Estimated Date of Incorporation or Organization: 0 4 9 7 Actual Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Sec 77d(6).	ition 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A n and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.	
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually sign photocopies of the manually signed copy or bear typed or printed signatures.	ned. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report the thereto, the information requested in Part C, and any material changes from the information previously supplied in not be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State:	
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securitare to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The this notice and must be completed.	ities Administrator in each state where sales exemption, a fee in the proper amount shall
ATTENTION —	
Failure to file notice in the appropriate states will not result in a loss of the federal exemp appropriate federal notice will not result in a loss of an available state exemption unless stating of a federal notice.	

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years;

Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ■ Beneficial Owner Executive Officer General and/or Promoter Director Managing Partner Full Name (Last name first, if individual) Inman, Bobby R. Business or Residence Address (Number and Street, City, State, Zip Code) 301 Congress Avenue, Suite 1350, Austin, Texas 78701 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Director General and/or Managing Partner Full Name (Last name first, if individual) Baker, Ronald E. Business or Residence Address (Number and Street, City, State, Zip Code) 816 Congress Avenue, Suite 1450, Austin, Texas 78701 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Grum, Clifford J. Business or Residence Address (Number and Street, City, State, Zip Code) 303 S. Temple Drive, P.O. Drawer N, Diboll, Texas 75941 Check Box(es) that Apply: Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Parsons, Donald H., Jr. Business or Residence Address (Number and Street, City, State, Zip Code) 1512 Larimer, Suite 200, Denver, Colorado 80202 Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Campion, John E. Business or Residence Address (Number and Street, City, State, Zip Code) 12112 Technology Blvd., Suite 100, Austin, Texas 78727 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or ☐ Director Managing Partner Full Name (Last name first, if individual) Hammer, Katherine G. Business or Residence Address (Number and Street, City, State, Zip Code) 1231 Parkway, #B, Austin, Texas 78705 Beneficial Owner Executive Officer General and/or Promoter Director Managing Partner

Check Box(es) that Apply:

Full Name (Last name first, if individual)

Curle, Robin

Business or Residence Address (Number and Street, City, State, Zip Code)

7009 Quill Leaf Cove, Austin, Texas 78750

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

a dan san Sasah dan kantan dan Kabupatèn Australia A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter ■ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Appian Ventures SBIC I, LP Business or Residence Address (Number and Street, City, State, Zip Code) 1512 Larimer, Suite 200, Denver, Colorado 80202 Check Box(es) that Apply: Promoter ✓ Beneficial Owner **Executive Officer** Director General and/or Managing Partner Full Name (Last name first, if individual) Access Venture Partners Business or Residence Address (Number and Street, City, State, Zip Code) 12112 Technology Boulevard, Suite 100, Austin, Texas 78727 Check Box(es) that Apply: ☐ Beneficial Owner General and/or Promoter Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer General and/or Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

		All controls			B. D	NFORMAT	ION ABOU	T OFFERI	NG		1.11		
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Yes	No			
	Answer also in Appendix, Column 2, if filing under ULOE.								Response				
2.	•••									§ 63,	750.00		
						-						Yes	No
3.		-	permit join		-								X
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, as commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering of a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.								he offering. with a state					
Ful	l Name (Last name	first, if indi	ividual)									
Bus	siness or	Residence	Address (N	umber and	d Street, Ci	ity, State, Z	Lip Code)		<u></u>				
Nai	me of Ass	sociated B	roker or De	aler									
Sta	tes in Wh	ich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	s" or check	individual	States)	•••••		***************************************				☐ All	States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	ĤI	[ID]
	IL MT RI	IN NE SC	IA NV SD	KS NH TN	KY NJ TX	LA NM UT	ME NY VT	MD NC VA	MA ND WA	MI OH WV	MN OK WI	MS OR WY	MO PA PR
Full Name (Last name first, if individual)													
Bus	siness or	Residence	Address (N	Number an	d Street, C	City, State,	Zip Code)			·	7,11		, 21 77
Nar	me of Ass	sociated Br	oker or Dea	aler		. <u> </u>	·····			•			
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	s" or check	individual	States)		***************************************			•••••	***************************************		States
	AL IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR
Ful	l Name (l	Last name	first, if indi	vidual)									
Business or Residence Address (Number and Street, City, State, Zip Code)													
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)							States						
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity		
	☐ Common ☑ Preferred	·	-
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests		
	Other (Specify)		
	Total	§ 6,517,899.00	\$ 6,517,899.00
	Answer also in Appendix, Column 3, if filing under ULOE.	·	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors		\$ 6,517,899.00
	Non-accredited Investors	0	\$_0.00
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$ 80,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total		\$ 80,000.00

and total expenses fu	ence between the aggregate offering price given in response to raished in response to Part C — Question 4.a. This difference.	e is the "adjusted gross	\$6,437,899.00
each of the purpose check the box to the	mount of the adjusted gross proceed to the issuer used or ps shown. If the amount for any purpose is not known, fuleft of the estimate. The total of the payments listed must eder set forth in response to Part C — Question 4.b above.	rnish an estimate and	
		Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees		\$ 127,500.0	S 3,013,000.00
Purchase of real est	ate	\$	_
Purchase, rental or and equipment	leasing and installation of machinery		<u></u> 510,000.00
Construction or leas	sing of plant buildings and facilities	\$	\$
offering that may be	businesses (including the value of securities involved in used in exchange for the assets or securities of another		
	merger)tedness	<u>—</u>	
Other (specify): R	edemption of prior shares (treasury stock)		0(\$
			\$
Column Totals		_	_
	ed (column totals added)	_	,437,899.00
	D. FEDERAL SIGNAL	THOU THE	

Issuer (Print or Type)

Evolutionary Technologies International, Inc.

Name of Signer (Print or Type)

Title of Signer (Print or Type)

Ronald E. Baker

President & CEO

ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)